

Name of Company

INDIANA DEPARTMENT OF LABOR / IOSHA COMPLIANCE
402 West Washington Street, Room 195, Indianapolis, Indiana 46204
Telephone: (317) 232-2693
TT / Voice: 1-800-743-3333

NOTE: • The information below can be found in the upper right hand corner of the safety order.

CORRECTIVE ACTION Safety Order & Item #'s Standard Corrective Action Taken and Date Abated Corrective Action Taken and Date Abated Please complete and forward this abatement letter to the above address upon completion of abatement. Failure to do so will follow-up inspection. If additional time is needed for the abatement of the Items, send a petition for the modification of abatement abatement date stated on the safety order. Photographic evidence of the abated items must be provided, along with this letter. Photographic Worksheets are provid assistance in organizing your abatements. Other information concerning abated items includes (but not limited to) training record programs, directives or memos sent to employees, and air / noise survey results. In the case of items that call for program chang additions, copies of these changes and / or additions must also be provided.	
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These forms can be duplicated, if needed.	ed for your
No person may make a false statement, representation, or certification in any record, report, or plan, or other document require A person who knowingly violates this commits a Class B misdemeanor (IC 22-8-1.1-37.1 & IC 22-8.1.1-49)	d.).
CERTIFICATION	
"We, the undersigned, hereby certify abatement was made."	
Signature of non-salaried or union representative Title of non-salaried or union representative	
Date signed	
Signature of management representative Title of management representative	
Date signed	

Dates of inspection

Inspection site